

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10661857 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6	1					
7	6					
8	6					
9	6					
10	6					
11	6					
12	6					
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50						
TOTAL IND.	1					
TOTAL DEP.	11	↔	↔	↔	↔	↔
TOTAL CLAIMS	12	████	████	████	████	████

	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
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TOTAL IND.												
TOTAL DEP.		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS		████	████	████	████	████	████	████	████	████	████	████